



TeamSTEPPS® Long-Term Care Essentials Course

*Strategies and Tools to Enhance
Performance and Patient Safety*



PATIENT
SAFETY



SUBSECTIONS

- TeamSTEPPS Framework
- Key Terms
- Team Structure
- Leadership
- Situation Monitoring
- Mutual Support
- Communication
- Team Performance Observation Tool
- Summary
- Contact Information

TIME: 2 hours

OBJECTIVES

 **Instructor Note:** Throughout this course you may choose to demonstrate tools and techniques using the video vignettes that are outlined in the video matrix. At the end of this course is an exercise to reinforce the use of TeamSTEPPS with a video vignette. You may choose to substitute with an example from the specialty scenario section.

SAY:

In this course, we'll:

- Discuss the TeamSTEPPS framework and key principles
- Describe the components of a multi-team system (MTS)
- Describe effective team leader skills and three leadership techniques
- Define situation monitoring
- Describe three situation monitoring techniques
- Describe five mutual support techniques
- Identify common approaches to conflict management
- Describe four communication techniques
- Describe observable behaviors for each of the key TeamSTEPPS terms
- Identify barriers to teamwork, strategies to overcome teamwork barriers, and potential successful outcomes

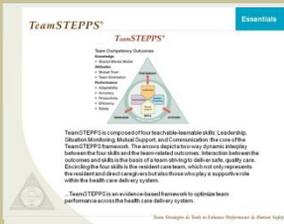


NO SLIDE



TIME:

2 hours



SAY:

TeamSTEPS stands for: *Team Strategies and Tools to Enhance Performance and Patient Safety.*

TeamSTEPS focuses on specific skills supporting team performance principles, including training requirements, behavioral methods, human factors, and cultural change designed to improve quality and resident safety.

Teamwork concepts are introduced that provide specific tools and strategies for improving communication and teamwork, reducing chance of error, and providing safer resident care.

TeamSTEPS is an evidence-based framework leveraging 25 years of research that has been accumulated on teams and team performance in diverse areas (e.g., aviation, the military, nuclear power, health care, business and industry). TeamSTEPS has evolved from research in other high-risk fields such as aviation; however, in health care, a high-risk, high-stakes environment exists in which poor performance may lead to serious consequences or death. TeamSTEPS is ultimately designed to optimize team performance across the health care delivery system.

TeamSTEPS is composed of four teachable-learnable skills: leadership, mutual support, situation monitoring, and communication: the core of the TeamSTEPS framework. The red arrows depict a two-way dynamic interplay between the four skills and the team-related outcomes. Interaction between the outcomes and skills is the basis of a team striving to deliver safe, quality care.

Encircling the four skills is the resident care team, which not only represents the resident and direct caregivers but also those who play a supportive role within the health care delivery system.

Team competencies required for a high-performing team can be grouped into the categories of knowledge, skills, and attitudes (KSAs). Team-related knowledge results in a shared mental model; attitudes result in mutual trust and team orientation. Adaptability, accuracy, productivity, efficiency, and safety are the outcomes of a high-performing team.

KEY PRINCIPLES

SAY:

There are five key principles in this course. These key terms correspond to the TeamSTEPPS Fundamentals training course modules. In this course we will highlight the key concepts from each module.

- **Team structure** – Delineates fundamentals such as team size, membership, leadership, composition, identification, and distribution.
- **Leadership** – The ability to coordinate the activities of team members by ensuring team actions are understood, changes in information are shared, and team members have the necessary resources.
- **Situation monitoring** – Process of actively scanning and assessing situational elements to gain information or understanding or to maintain awareness to support functioning of the team.
- **Mutual support** – The ability to anticipate and support other team members' needs through accurate knowledge about their responsibilities and workload.
- **Communication** – Process by which information is clearly and accurately exchanged among team members.



TEAM STRUCTURE



SAY:

Within team structure, there is a multi-team system (MTS) for resident care.

Each team within an MTS is responsible for various parts of resident care, but all must act in concert to ensure quality resident care. A key component of the MTS is the resident (and their family or significant others). Residents are part of the resident care team, and should be embraced and valued as contributing partners to resident care.

The multi-team system is composed of several different teams.

- **Core Team**

Core teams consist of team leaders and team members who are involved in the direct care of the resident. The core team is based where the resident receives care.

- **Coordinating Team**

The coordinating team is the group responsible for:

- Day-to-day operational management
- Coordination functions
- Resource management for core teams

- **Contingency Teams**

Contingency teams are:

- Formed for emergent or specific events
- Time limited (e.g., Code Team, Care Planning Team)
- Composed of team members drawn from a variety of core teams

Continued...

TEAM STRUCTURE (continued)

SAY:

Ancillary Services consist of individuals who:

- Provide direct, task-specific, time-limited care to residents
- Support services that facilitate care of the residents
- May or may not be located where the residents receive their routine care (depending on the size of the nursing home)

Ancillary Services are primarily a service delivery team whose mission is to support the core team. In general, an ancillary services team functions independently.

Support Services consist of individuals who:

- Provide indirect, task-specific services in a health care facility
- Are integral members of the team and are service focused, helping to facilitate the optimal health care experience for residents and their families
- Have roles that are integrated in that they manage the environment, assets, and logistics within a facility.

Support Services are primarily a service-focused team whose mission is to create efficient, safe, comfortable, and clean health care environments, which impact the resident care team, market perception, operational efficiency, and resident safety.

ASK:

What are the ancillary and support services in your facility?

Administration

Administration includes the executive leadership of a unit or facility and has 24-hour accountability for the overall function and management of the nursing home. Administration shapes the climate and culture for a teamwork system to flourish by:

- Establishing and communicating vision
- Developing and enforcing policies
- Setting expectations for staff
- Providing necessary resources for successful implementation
- Holding teams accountable for team performance
- Defining the culture of the nursing home

Each of these areas should include effective team leaders. Let's take a look at what makes an effective team leader.



EFFECTIVE TEAM LEADERS



SAY:

Team leaders must possess a set of effective skills regardless of the type of team that they lead. Team leaders should be able to effectively:

- Organize the team
- Articulate clear goals
- Make decisions based on input of team members
- Empower team members to speak up and openly challenge, when appropriate
- Promote and facilitate good teamwork
- Resolve conflict

Evidence also suggests that effective team leaders:

- Are responsible for ensuring that team members are sharing information, monitoring situational cues, resolving conflicts, and helping each other when needed
- Manage resources to ensure team performance
- Facilitate team actions by communicating through informal exchange sessions
- Develop norms for information sharing
- Ensure that team members are aware of situational changes to plans

ASK:

Think about the designated team leaders in your nursing home. What skills do they exhibit? How do they exhibit them?

SAY:

In order to use these skills, team leaders should use different leadership techniques such as briefs, huddles, and debriefs to communicate with their team and effectively manage their resources.

TEAM EVENTS

SAY:

Team events include the activities of planning, problem solving, and process improvement. Within those activities are a set of three strategies.

Three strategies that team leaders can use to promote teamwork are:

- Briefs
- Huddles
- Debriefs



BRIEF CHECKLIST



SAY:

Similar to a preflight checklist used in aviation, during a brief, the team leader should cover the items on the checklist. As in aviation, the briefings before flights provide the ideal forum for building a team dynamic that allows everyone to work together when carrying out routine tasks and when tackling unexpected problems.

Briefs serve the following purposes:

- They clarify who will lead the team so that others know to whom to look for guidance.
- They open lines of communication among team members, ensuring that everyone can contribute their unique knowledge base to the task, and thereby set the tone for the upcoming procedure. Protocols, responsibilities, and expected behaviors are discussed and reinforced so that possible misunderstandings are avoided.
- They prepare the team for the flow of the procedure, contingency plans, and the means for resolving any unusual circumstances.
- By delineating expectations, they reduce disruptive or unexpected behaviors.

ASK:

- Have you participated in a brief? Were the items on this checklist included? If not, what can be included?

SAY:

Now that you have an understanding of what a brief is and what should occur in a brief, let's look at a short video clip that shows a team conducting a brief. When you are watching the clip, look for what they say in the brief.

DO:

-  Play the video by clicking the director icon on the slide.

DISCUSSION:

What kind of information was given during the brief?

 **VIDEO TIME:**
0:45 seconds

 **MATERIALS:**
• Brief_LTC Video

DEBRIEF CHECKLIST

SAY:

To conduct a debrief:

- Facilitate the discussion as a leader by asking questions related to team performance. What did we do well?
- Recap the situation, background, and key events that occurred.

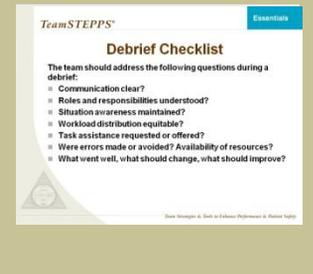
As a team, assess how the following played a role in the performance of the team:

- Team leadership
- Situation awareness
- Mutual support
- Communication

Then summarize lessons learned and set goals for improvement.

The team can use this checklist during a debriefing to ensure that all information is discussed.

These leadership techniques also help in maintaining an awareness of what is happening in your unit and with your team members. Situation monitoring is a continuous process that all team members should participate in.



SITUATION MONITORING

SAY:

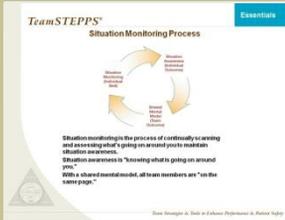
Here we have a continuum that begins with the individual skill of situation monitoring. The processing of monitored information results in the individual outcome of situation awareness. Sharing your situation awareness with fellow team members results in the team outcome of a shared mental model.

- **Situation monitoring** is the process of actively scanning and assessing elements of the situation to gain information or maintain an accurate understanding of the situation in which the team functions. Situation monitoring is a skill, which implies that it can be taught and developed as discussed earlier.
- **Situation awareness** is the state of knowing the conditions that affect one's work. It is a detailed picture of the situation. Note: Situation awareness (SA) is not a static "thing" or concept. Because the situation and context in which the situation exists are dynamic and ever changing, team members must continually assess relevant components of the situation and update their individual SA.
- **Shared mental models** are the result of each team member maintaining his or her situation awareness and sharing relevant facts with the entire team. Doing so helps ensure that everyone on the team is "on the same page."
- **A continuous process** is necessary because of the dynamic situations in which teams function. It allows individual team members to maintain their situation awareness and share new and emerging information with other team members to retain a shared mental model.

One way to ensure situation monitoring is occurring is through cross-monitoring.

ASK:

When have you used situation monitoring in your work? How did the information that you obtained from the environment affect how you approached or responded to the situation?



CROSS-MONITORING

SAY:

Cross-monitoring is used by fellow team members to help maintain situation awareness and prevent errors. Commonly referred to as “watching each other’s back,” it is the action of monitoring the behavior of other team members by providing feedback and keeping track of fellow team members’ behaviors to ensure that procedures are being followed appropriately. It allows team members to self-correct their actions if necessary. Cross-monitoring is not a way to “spy” on other team members; rather, it is a way to provide a safety net or error-prevention mechanism for the team, ensuring that mistakes or oversights are caught early. When all members of the team trust the intentions of their fellow team members, a strong sense of team orientation and a high degree of psychological safety result.

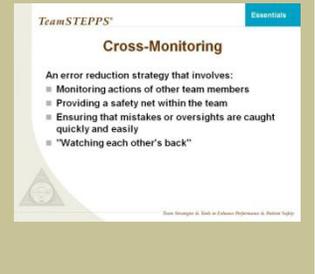
DO:

Have participants form pairs, and have each pair share an example of a situation in which cross-monitoring was successful and one in which cross-monitoring should have been used but was not.

Have several pairs volunteer to share their examples with the larger group.

SAY:

Another tool for effective situation monitoring is the STEP technique.



STEP



SAY:

How do you acquire a trained eye as you “monitor the situation” on your unit? What are relevant components of the situation that provide clues about impending complications or contingencies? The STEP process is a mnemonic tool that can help you monitor the situation and the overall environment.

The STEP process involves ongoing monitoring of the—

- **S**tatus of the resident
- **T**eam members
- **E**nvironment
- **P**rogress toward the goal

Give Examples:

- The social worker notes that a resident in the end stages of Alzheimer’s disease shows facial grimacing and restlessness. She thinks that this might indicate an increased level of pain that cannot be communicated (**STATUS**).
- The resident’s nurse is busy helping another resident (**TEAM MEMBERS**).
- It is a shift change, and everyone is busy, so the social worker checks the medication record and notes that the resident is overdue for his morphine (**ENVIRONMENT**).
- The social worker notifies the oncoming nurse of her concern (**PROGRESS**).

STEP ASSESSMENT

SAY:

In a health care setting, the most obvious element of the situation requiring constant monitoring is the resident's status. Even minor changes in the resident's vital signs may require dramatic changes in the team's actions and the urgency of its response. When assessing resident status, consider the following:

- Resident history
- Vital signs
- Medications
- Physical exam/ADL status
- Plan of care
- Psychosocial condition (e.g., resident's stress level, behaviors)

You should also be aware of team members' status, to include the following:

- Fatigue level
- Workload
- Task performance
- Skill level
- Stress level

You should be aware of the environment, to include the following:

- Facility information
- Administrative information
- Human resources
- Acuity of residents and team members' assignments
- Equipment

And finally, you should assess your progress toward goals by asking the following key questions:

- What is the status of the team's resident(s)?
- Has the team established goals?
- Has the team accomplished their task/actions?
- Is the plan still appropriate?



I'M SAFE CHECKLIST



SAY:

Awareness of your own condition to ensure that you are fit and ready to fulfill your duties is essential to delivering safe, quality care. Team members should assess and report if there is a personal situation affecting their ability to perform.

“I'M SAFE” is a simple checklist that should be used daily (or more frequently) to determine both your co-workers' and your own ability to perform safely. I'M SAFE stands for—

- **Illness.** Am I feeling so bad that I cannot perform my duties?
- **Medication.** Is the medication I am taking affecting my ability to maintain situation awareness and perform my duties?
- **Stress.** Is there something (such as a life event or situation at work) that is detracting from my ability to focus and perform my duties?
- **Alcohol/Drugs.** Is my use of alcohol or illicit drugs affecting me so that I cannot focus on the performance of my duties?
- **Fatigue.** The effects of fatigue should not be ignored. Team members should alert the team regarding their state of fatigue (e.g., “Watch me a little closer today. I only had 3 hours of sleep last night”).
- **Eating and Elimination.** Has it been 6 hours since I have eaten or used the restroom? Many times we are so focused on ensuring our resident's basic needs that we forget to take care of our own. Not taking care of our elimination needs affects our ability to concentrate and stresses us physiologically.

Teams should be encouraged to set goals concerning the items on this checklist (e.g., everyone will be given the opportunity to take a break and have lunch today).

ASK:

- In your current situation, do you feel able to express that you're not safe?
- What are the factors that inhibit you from doing so and/or that contribute to your inability to do so?
- If you feel inhibited, what can you and your team do to change the culture?

For this to be successful, there must be a culture in place in which staff feel safe to be honest without fear of reprisal, retribution, or disdain.

TASK ASSISTANCE

SAY:

One method of providing mutual support is through task assistance. Task assistance is guided by situation monitoring because situation awareness allows team members to effectively identify the need for assistance by others on the team. To a certain degree, some of us have been conditioned to avoid asking for help because of the fear of suggesting lack of knowledge or confidence. Many people refuse to seek assistance when overwhelmed by tasks. In support of resident safety, however, task assistance is expected.

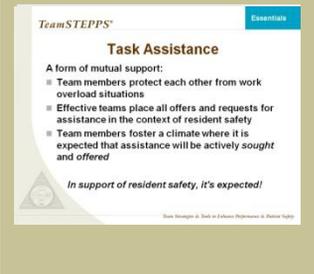
ASK:

What can happen when we are overwhelmed and we do not seek task assistance?

SAY:

Error vulnerability is increased when people are under stress, are in high-task situations, or are fatigued. One of the most important concepts to remember with regard to task assistance is that assistance should be actively given and offered whenever there is a concern for resident safety related to workload. Always remember the focus should be on resident safety rather than the individual's need for task assistance.

Task assistance may involve asking for assistance when overwhelmed or unsure, helping team members to perform their tasks, shifting workload by redistributing tasks to other team members, delaying/rerouting work so the overburdened member can recover, and/or filling in for overburdened team members when necessary.





SAY:

Another type of mutual support is feedback. Feedback is information provided for the purpose of improving team performance. The ability to communicate self-improvement information in a useful way is an important skill in the team improvement process. Feedback can be given by any team member at any time. It is not limited to management roles or formal evaluation mechanisms. Performance feedback benefits the team in several ways:

- Fosters improvement in work performance
- Meets the team's and individual's need for growth
- Promotes better working relationships
- Helps the team set goals for ongoing improvement

DISCUSSION:

- What are examples of giving feedback?
 - Cautioning team members about potentially unsafe situations. Example: "I have noticed that Mr. Walsh's gait has become more unsteady. Do you think he should be screened by PT?"
 - Providing necessary information. Example: "I've researched the resident's falls over the past few months. Here are the Accident & Incident reports. He seems to be falling mostly on the second shift, about an hour after dinner."
 - Providing encouragement. Example: After she completed her first day of work, she was told by the director of nursing that she did a great job treating all the residents with respect and dignity and they were happy to have her working at their nursing home.

ADVOCACY AND ASSERTION

SAY:

Advocacy and assertion interventions are invoked when a team member's viewpoint does not coincide with that of a decisionmaker. In advocating for the resident and asserting a corrective action, the team member has an opportunity to correct errors or the loss of situation awareness. Failure to use advocacy and assertion has been frequently identified as a primary contributor to the clinical errors found in malpractice cases and sentinel events.

You should advocate for the resident even when your viewpoint is unpopular, is in opposition to another person's view, or questions authority. When advocating, assert your viewpoint in a firm and respectful manner. You should also be persistent and persuasive, providing evidence or data for your concerns.



TWO-CHALLENGE RULE

SAY:

It is important to voice your concern by advocating and asserting your statement at least twice if the initial assertion is ignored (thus the name, “Two-Challenge rule”). These two attempts may come from the same person or two different team members. The first challenge should be in the form of a question. The second challenge should provide some support for your concern. Remember this is about advocating for the resident. The “Two-Challenge” tactic ensures that an expressed concern has been heard, understood, and acknowledged.

There may be times when an initial assertion is ignored. If after two attempts the concern is still disregarded, but the team member believes resident or staff safety is or may be severely compromised, the Two-Challenge rule mandates taking a stronger course of action or using a supervisor or chain of command. This overcomes our natural tendency to believe the medical team leader must always know what he or she is doing, even when the actions taken depart from established guidelines. When invoking this rule and moving up the chain, it is essential to communicate to the entire health care team that additional input has been solicited.

If you personally are challenged by a team member, it is your responsibility to acknowledge the concerns instead of ignoring the person. Any team member should be empowered to “stop the line” if he or she senses or discovers an essential safety breach. This is an action that should never be taken lightly, but requires immediate cessation of the process to resolve the safety issue.



CUS

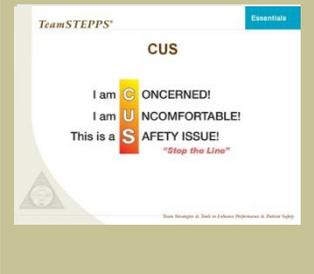
SAY:

Using the CUS technique provides another framework for conflict resolution, advocacy, and mutual support. Signal words, such as “danger,” “warning,” and “caution” are common in the medical arena. They catch the reader’s attention. “CUS” and several other signal phrases have a similar effect in verbal communication. When they are spoken, all team members will understand clearly not only the issue but also the magnitude of the issue.

- First, state your concern.
- Then state why you are uncomfortable.
- If the conflict is not resolved, state that there is a safety issue. Discuss in what way the concern is related to safety. If the safety issue is not acknowledged, a supervisor should be notified.

A few other phrases in use are—

- I would like some clarity about...
- Would you like some assistance?





SAY:

What if a conflict has become personal in nature? The DESC script can be used to communicate effectively during all types of conflict, and is most effective in resolving personal conflict. The DESC script is used in the more challenging scenarios in which behaviors aren't practiced, hostile or harassing behaviors are ongoing, and safe resident care is suffering.

DESC is a mnemonic for—

- D = Describe the specific situation
- E = Express your concerns about the action
- S = Suggest other alternatives
- C = Consequences should be stated

There are some crucial things to consider when using the DESC script:

- Time the discussion.
- Work on win-win—Despite your interpersonal conflict with the other party, team unity and quality of care depend on coming to a solution that all parties can live with.
- Frame problems in terms of personal experience and lessons learned.
- Choose the location—A private location that is not in front of the resident or other team members will allow both parties to focus on resolving the conflict rather than on saving face.
- Use “I” statements rather than blaming statements.
- Remember that critique is not criticism.
- Focus on what is right, not who is right.

COLLABORATION

SAY:

The best way to address conflict is to collaborate because collaboration has the highest potential for a win-win-win situation. The common mission is the safe and improved care of the resident.

- Ensures that all team members, the team, and the resident win (“win-win-win”)
- Requires commitment to a common mission
- Is a process, not an event

Collaboration takes time and effort and in critical situations may not always be feasible. In that case, make the issue a topic during staff meetings and address how to handle the situation in the future.

Goals and relationships come into play:

- Collaboration involves full and open communication—must be attentive and open to each other.
- Collaboration is used when it is important to preserve critical objectives without compromising and at the same time to maintain relationships, when it is important to get to the root of the problems that could linger, and when there is a complex issue at hand.

Approaches to conflict resolution should be chosen to best match the situation at hand.





SAY:

Throughout all of the techniques that we just discussed, one of the key components was communication. Communication is critical to the effectiveness of a team and ensuring resident safety. TeamSTEPS provides several communication techniques that can be used to ensure effective communication.

The first technique is SBAR. SBAR provides a standardized framework for members of the healthcare team to communicate about a resident's condition. You may also refer to this as the ISBAR where "I" stands for Introductions.

SBAR is an easy-to-remember, concrete mechanism that is useful for framing any conversation, often a critical one requiring a clinician's immediate attention and action. SBAR originated in the U.S. Navy submarine community to quickly provide critical information to the captain. It provides members of the team with an easy and focused way to set expectations for what will be communicated and how. Standards of communication are essential for developing teamwork and fostering a culture of resident safety. In phrasing a conversation with another member of the team, consider the following:

- Situation—What is happening with the resident?
- Background—What is the clinical background?
- Assessment—What do I think the problem is?
- Recommendation—What would I recommend?

SBAR provides a vehicle for individuals to speak up and express concern in a concise manner.

Now that you have an understanding of the SBAR technique, let's look at a short video clip in which the SBAR technique is used.

 **DO:** Play the video by clicking on the director icon on the slide.

DISCUSSION:

What information was given in the video clip?

Is this essential information that you would want to know or share with others?

 **VIDEO TIME:**
1:12 minutes

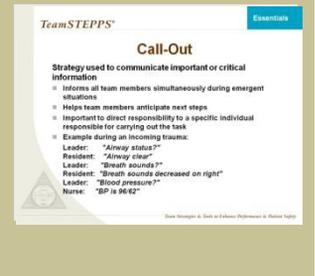
 **MATERIALS:**
• SBAR_LTC Video

 **CUSTOMIZABLE
CONTENT**

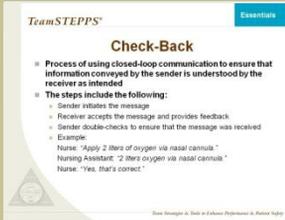
CALL-OUT

SAY:

A call-out is a tactic used to communicate critical information during an emergent event. Critical information called out in these situations helps the team anticipate and prepare for vital next steps in resident care. It also benefits a recorder when present during a code or emergent event. One important aspect of a call-out is directing the information to a specific individual.



CHECK-BACK



SAY:

A check-back is a closed-loop communication strategy used to verify and validate information exchanged. The strategy involves the sender initiating a message, the receiver accepting the message and confirming what was communicated, and the sender verifying that the message was received.

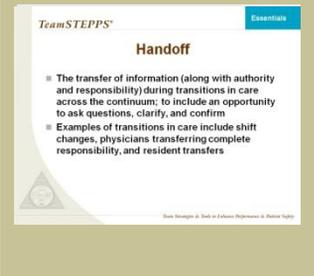
Typically, information is called out anticipating a response on any order which must be checked back.

HANDOFF

SAY:

When a team member is temporarily or permanently relieved of duty, necessary information about the resident might not be communicated. The handoff (or handover as it is sometimes called) strategy is designed to enhance information exchange at critical times such as transitions in care. More important, it maintains continuity of care despite changing caregivers and residents.

Handoffs include the transfer of knowledge and information about the degree of uncertainty (or certainty about diagnoses, etc.), response to treatment, recent changes in condition and circumstances, and the plan (including contingencies). In addition, both authority and responsibility are transferred. Lack of clarity about who is responsible for care and for decisionmaking has often been a major contributor to medical error (as identified in root cause analyses of sentinel events and poor outcomes).



I PASS THE BATON

SAY:

“I Pass The Baton” is an option for structured handoffs.

- I Introduction**—Introduce yourself and your role/job (include resident)
- P Patient/Resident**—Name, identifiers, age, sex, location
- A Assessment**—Relevant diagnoses and complaints, vital signs, and symptoms
- S Situation**—Current status (e.g., ADL status, intake/appetite, elimination, behavior, cognition)/ circumstances, including code status, level of uncertainty, recent changes, response to treatment
- S Safety Concerns**—Critical lab values/reports, allergies, alerts (falls, isolation, etc.)

THE

- B Background**—Other diagnoses, previous episodes, current medications, and history
- A Actions**—What actions were taken or are required? Provide brief rationale
- T Timing**—Level of urgency and explicit timing and prioritization of actions
- O Ownership**—Who is responsible (nurse/doctor/APRN/nursing assistant)? Include resident/family responsibilities
- N Next**—What will happen next? Anticipated changes? What is the plan? Are there contingency plans?

TEAM PERFORMANCE OBSERVATION TOOL

SAY:

In review, several key concepts and tools or techniques can be used to work as an effective team and ensure resident safety. This slide lists the types of behaviors that you should be able to observe in each of the five key performance areas for resident safety.

- **Team Structure**

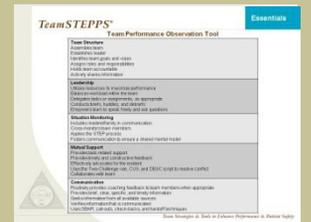
- Assembles a team
- Establishes a leader
- Identifies team goals and vision
- Assigns roles and responsibilities
- Holds team members accountable
- Actively shares information among team members

- **Leadership**

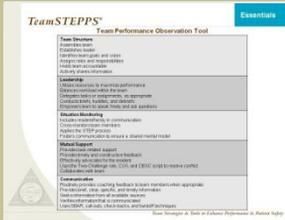
- Uses resources efficiently to maximize team performance
- Balances workload within the team
- Delegates tasks or assignments, as appropriate
- Conducts briefs, huddles, and debriefs
- Empowers team members to speak freely and ask questions

- **Situation Monitoring**

- Includes resident/family in communication
- Cross-monitors fellow team members
- Applies the STEP process when monitoring the situation
- Fosters communication to ensure team members have a shared mental model



Continued...



SAY:

- **Mutual Support**

- Provides task-related support
- Provides timely and constructive feedback to team members
- Effectively advocates for the resident
- Uses the Two-Challenge rule, CUS, and DESC script to resolve conflict
- Collaborates with team members

- **Communication**

- Routinely provides coaching feedback to team members, when appropriate
- Provides brief, clear, specific, and timely information to team members
- Seeks information from all available sources
- Verifies information that is communicated
- Uses SBAR, call-outs, check-backs, and handoff techniques to communicate effectively with team members

ASK:

- How can this tool be integrated into current practices?
 - Use coaching
 - Discuss in a staff meeting
 - Pick pieces to focus on in the facility or on your unit
- What types of opportunities can the tool provide to ensure safer care?

BARRIERS TO TEAM EFFECTIVENESS

Throughout this course, information has been provided that can be used to overcome barriers to team effectiveness. You have learned about leadership strategies for managing resources and tools for facilitating team events, such as briefs, huddles, and debriefs. You have also learned about situation monitoring strategies such as STEP; mutual support tools such as advocacy and assertion, the Two-Challenge rule, CUS, and DESC script; and communication tools such as SBAR, handoffs, check-backs, and call-outs.

Remember that enhanced resident safety is the ultimate outcome of consistently using the TeamSTEPPS tools and strategies to overcome these barriers.

Barriers	Tools and Strategies	Outcomes
<ul style="list-style-type: none"> • Misalignment of Teams • Lack of Time • Lack of Information Sharing • Hierarchy • Dependence • Conventional Thinking • Complacency • Varying Communication Styles • Conflict • Lack of Coordination and Follow-up (No-Visions) • Fatigue • Inflexibility • Misinterpretation of Cases • Lack of Role Clarity 	<ul style="list-style-type: none"> • Brief • Huddle • Debrief • STEP • Cross-Monitoring • Feedback • Advocacy and Assertion • Two-Challenge Rule • CUS • DESC Script • Collaboration • SBAR • Call-Out • Check-Back • Handoff 	<ul style="list-style-type: none"> • Shared Safety Model • Accountability • Team Cohesion • Mutual Trust • Team Performance • Resident Safety



EXERCISE: SUMMARY



SAY:

To summarize the course, we would like to conduct a short exercise. You have learned about a lot of techniques to ensure resident safety in your organization. Let's practice using some of those tools before you leave so you can fully use the TeamSTEPPS pocket guide back at work.

I am going to play a short video clip. As you watch the clip, look for opportunities where the techniques in the pocket guide could have been used to improve the result of the situation.



TIME:

30 minutes



DO: Play the video by clicking the director icon on the slide.



DISCUSSION:



VIDEO TIME:

2:26 minutes



MATERIALS:

- TeamSTEPPS Opportunities_Subacute Video



CUSTOMIZABLE CONTENT

- What were the barriers presented in this video scenario?
 - Lack of information sharing; lack of coordination and followup; distractions; lack of role clarity; misinterpretation of cues; workload.
- Which of the TeamSTEPPS tools and strategies could have been used, and how would the outcome have been different?
 - Many of the tools could have been used, such as STEP, huddle, collaboration, and SBAR.
- What did you see as the biggest issue in this scenario, in terms of teamwork skills (mutual support, situation monitoring, team structure, leadership, and communication), and why? (Answers may vary.)
 - Communication
 - CUS opportunity between PTA and PT
 - Huddle opportunity to discuss concerns
 - Situation monitoring
 - ❖ No shared mental model among the team

Continued...



EXERCISE: SUMMARY (continued)

SAY:

The most important thing to take away from this course is how you will apply the tools and strategies that you learned and apply them back at work.

DISCUSSION:

- What are the top three to five actions you can commit to taking to improve teamwork and communication in your environment?
- How can you use the guide in the next week?

